

2277

PLACE OF BIRTH
 County of Gila
 District of Gila
 Town of Globe
 or
 City of Globe (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 117 State Index No. _____
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 471
 Local Registrar's No. _____

FULL NAME OF CHILD Frank Sanchez { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth Oct 4 1917
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Josiah Sanchez</u>	Full Maiden Name	<u>Drafolia Prihaloria</u>
Residence	<u>Copper Hill, Ariz.</u>	Residence	<u>Copper Hill, Ariz.</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>20 1/2</u> (Years)	Age at last Birthday	<u>22 1/2</u> (Years)
Birthplace	<u>Huachuap, Mexico</u>	Birthplace	<u>Phoenix, Ariz.</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 4 1917, at 3 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 191____

Address

Filed Oct 11 1917

A True Copy

Filed Nov 5 1917

LOCAL REGISTRAR.

COUNTY REGISTRAR.

622-1004-471
 COUNTY REGISTRAR.